

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-012176
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 144

FILED APR 10 1962

VS 300
Rev. 4/59

1 0808

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Sedalia</u>		c. CITY OR TOWN <u>Sedalia</u>	
Length of stay in 1b <u>32 yrs</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>514 East 13th</u>		d. STREET ADDRESS (If outside, give location) <u>514 East 13th</u>	
3. NAME OF DECEASED (Type or print) First <u>Homer</u> Middle <u>Russell</u> Last <u>RUFFIN</u>		4. DATE OF DEATH Month <u>April</u> Day <u>4</u> Year <u>1962</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>11-2-1903</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Custodian</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Smith cotton HS</u>	11. BIRTHPLACE (City and state or country) <u>Green Ridge Mo</u>
13a. FATHER'S NAME <u>John Ruffin</u>		13b. MOTHER'S MAIDEN NAME <u>Rosie Calvert</u>	14. NAME OF HUSBAND OR WIFE <u>Elizabeth Ruffin</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) If yes, give war or dates of service <u>no</u>		16. SOCIAL SECURITY NO. <u>[redacted]</u>	17. INFORMANT <u>Mrs Elizabeth Ruffin</u>
18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute myocardial infarction</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 hours</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Hypertensive Cardiovascular Disease</u>		<u>3 years</u>	
DUE TO (c) <u>Arteriosclerotic Heart Disease</u>		<u>2 years</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>4:15 P</u> a.m. <u>4:15 P</u> p.m.	Month, Day, Year <u>21 March 1959</u> to <u>4 April 1962</u>	20f. CITY, TOWN, OR LOCATION <u>Sedalia Mo</u>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <u>Sedalia Mo</u>	
21. I attended the deceased from <u>21 March 1959</u> to <u>4 April 1962</u> and last saw him alive on <u>4 April 1962</u> Death occurred at <u>4:15 P</u> m on the date stated above, and to the best of my knowledge, from the causes stated.		22c. DATE SIGNED <u>5 April 1962</u>	
22a. SIGNATURE <u>Stanley D Fisher M.D.</u>	(Degree or title)	22b. ADDRESS <u>500 West 16th Sedalia Mo</u>	22c. DATE SIGNED <u>5 April 1962</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>4-7-62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Crown Hill</u>	23d. LOCATION (City, town, or County) <u>Sedalia Mo</u>
24. FUNERAL DIRECTOR <u>Mc Laughlin Bros</u>	ADDRESS <u>Sedalia</u>	25. DATE RECD. BY LOCAL REG. <u>April 7, 1962</u>	26. REGISTRAR'S SIGNATURE <u>Frances Shelby</u>

(Licensed Embalmers Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

X

MAY 29 1962
FEB 27 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed K.P.M. Lary

Licensed Embalmer No. 3153

P. O. Address Edale Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.